



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Manifestation Determination

| | | | |
|----------------|------------------------------|-----------|-----------------|
| Student's Name | Initials | Birthdate | Today's Date |
| Parent(s) Name | IEP Manager and Phone Number | | District/School |

Specific behavior that resulted in student's suspension/expulsion: _____

Date suspension began: _____

This behavior represents a: ☐ Single Incident ☐ Pattern of Behavior

The following data must be reviewed:

Current Classroom-Based Assessments and Observations

Teacher and Related Services Providers' Observations

Evaluations and Information provided by the parents of the student

Other: _____

Other: _____

Based on this review, the IEP Team and other qualified professionals have determined that:

YES NO

☐ ☐ The conduct in question was caused by, or had a direct and substantial relationship to, the student's disability.

☐ ☐ The conduct in question was the direct result of the district's failure to implement the student's IEP.

If the members of the IEP team determine that the answer is YES to either of the above questions the conduct shall be determined to be a manifestation of the student's disability.

☐ The conduct in question **WAS** a manifestation of the student's disability.

☐ The conduct in question **WAS NOT** a manifestation of the student's disability.

If the conduct in question is determined to be a manifestation of the student's disability, the IEP team must conduct a Functional Behavior Assessment, if not previously done, and implement or revise a behavioral intervention plan for the student.

☐ Additional information attached (e.g., incident report, meeting minutes, assessment summary, etc.)

The following persons, as indicated by their signatures, have participated in the Manifestation Determination.

Parent Date

Parent Date

Student Date

Special Education Teacher Date

Administrator or Designee Date

Speech/Language Pathologist Date

Regular Education Teacher Date

School Psychologist Date

Signature/Position Date

Signature/Position Date

